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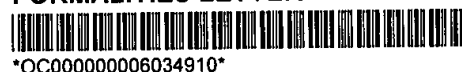
COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/812,987	03/20/2001	Joseph P. Loeffler	016770-004500US

CONFIRMATION NO. 1516

20350  
TOWNSEND AND TOWNSEND AND CREW  
TWO EMBARCADERO CENTER  
EIGHTH FLOOR  
SAN FRANCISCO, CA 94111-3834

## FORMALITIES LETTER



\*OC000000006034910\*

Date Mailed: 05/03/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 130.**

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

08/22/2001 MBELETE1 00000049 201430 09812987

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HA

-13 Section 8

PTO/SB/21 (08-00)

Please sign (+) inside this box → ☒

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/812,987	
	<b>Filing Date</b>	March 20, 2001	
	<b>First Named Inventor</b>	Joseph P. Loeffler	
	<b>Group Art Unit</b>	3761	
	<b>Examiner Name</b>		
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	016770-004500US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Return Postcard  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Declaration</b> <b>Power of Attorney w/ Certificate</b>
<b>Remarks</b>		<b>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</b>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm and Individual name</b>	Townsend and Townsend and Crew LLP Darin J. Gibby, Reg. No. 38,464
<b>Signature</b>	
<b>Date</b>	August 17, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: August 17, 2001			
<b>Typed or printed name</b>	Connie Larson		
<b>Signature</b>		<b>Date</b>	August 17, 2001

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PTO/SB/17 (11-00)

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<b>FREE TRANSMITTAL</b> for FY 2001  <i>Patent fees are subject to annual revision.</i>		<b>Complete If Known</b>		
		Application Number	09/812,987	
		Filing Date	March 20, 2001	
		First Named Inventor	Joseph P. Loeffler	
		Examiner Name		
TOTAL AMOUNT OF PAYMENT (\$)		520	Attorney Docket No.	016770-004500US

<b>METHOD OF PAYMENT (check one)</b>				<b>FEE CALCULATION (continued)</b>				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  Deposit Account Number: 20-1430  Deposit Account Name: Townsend and Townsend and Crew LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				3. ADDITIONAL FEES				
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other								
<b>FEE CALCULATION</b>								
1. BASIC FILING FEE								
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid			
101	710	201	355	Utility filing fee				
106	320	206	160	Design filing fee				
107	490	207	245	Plant filing fee				
108	710	208	355	Reissue filing fee				
114	150	214	75	Provisional filing fee				
SUBTOTAL (1)				(\$)				
2. EXTRA CLAIM FEES								
Total Claims: [ ] - .. = [ ] X [ ] = [ ]								
Independent Claims: [ ] - .. = [ ] X [ ] = [ ]								
Multiple Dependent: [ ] X [ ] = [ ]								
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid			
103	18	203	9	Claims in excess of 20				
102	80	202	40	Independent claims in excess of 3				
104	270	204	135	Multiple dependent claim, if not paid				
109	80	209	40	** Reissue independent claims over original patent				
110	18	210	9	** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2)				(\$)				
**or number previously paid, if greater; For Reissues, see above								
				Other fee (specify) _____				
				*Reduced by Basic Filing Fee Paid				
				SUBTOTAL (3) (\$ 520)				
				The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.				

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Darin J. Gibby	Registration No. Attorney/Agent	38,464	Telephone	(303) 571-4000
Signature				Date	August 17, 2001

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